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2-40
7-39
K23159

FILED OCT 20 1941
Registration District No. 398

Primary Registration District No. 3019

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence Mo.

(c) Name of hospital or institution 616 So. Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Florence ALVIRA ROGERS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Laurance W. Rodgers

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct 27 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 15 hr. _____ min. _____

9. Birthplace Hammond Co. Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Maac Harrod

13. Birthplace No record
(City, town, or county) (State or foreign country)

14. Maiden name No record

15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Laurance W. Rodgers

(b) Address 616 So. Main

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cem

18. (a) Signature of funeral director George C. Taylor

(b) Address Independence Mo.

19. (a) Oct 9/41 (b) F. L. Book
(Date received local registrar) (Registrar's signature)

300 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 616 So. Main
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1941 hour 10:30 minute _____ M.

21. I hereby certify that I attended the deceased from 5-12, 1941, to 10-7, 1941;
that I last saw her alive on 10-7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Atherosclerosis Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (or) Mechan of injury _____

23. Signature Charles S. Johnson M. D.

Address Independence Mo. Date signed 10-8-41

Duration 8 hrs

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

APR 2 4 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.